

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. / 10/565031 / FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/					51					
2			/					52					
3			/					53					
4			/					54					
5			/					55					
6			/					56					
7			/					57					
8			/					58					
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13			/					63					
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42			/					92					
43			/					93					
44			/					94					
45			/					95					
46			/					96					
47			/					97					
48			/					98					
49			/					99					
50			/					100					
TOTAL IND.			/					TOTAL IND.					
TOTAL DEP.			/					TOTAL DEP.					
TOTAL CLAIMS			/					TOTAL CLAIMS					